oved for use through 09/30/2000. OMB 0651-0032 Patent and Hademark Office: U.S. GEPARTMENT OF COMMERCE

## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Do	cket No.	PC10759A			
First Named	Inventor or Applic	ation Identifier	Yuhpyng L. Chen	10	i mari
Title	CORTICOTROP	IN RELEASING	FACTOR ANTAGONISTS		8
Express Mail Label No.		EL162815	EL162815290US		

	(Only for new nonprovisional applications under 37C.F.R. §1.53(b))	Express Mai	il Label No.	EL162815290U	3	<u>.</u>	
- -	APPLICATION ELEMENTS		ADDRESS TO:	Box Paten	Commissioner for Patents t Application	928	11 11 11 11 11
السائل المسائل	APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application of the concerning the processing of the processing of the processing of the concerning of the processing of the concerning of the concerning of the concerning of the processing of the processi	ions R&D  ed)  [TOR(S) ng plication, 1.33(b).  44b is checked)	6. Microfiche 7. Nucleotide and/o (if applicable, all  a. Co b. Pa c. St  ACCOMP  8. Assignme 9. 37 C.F.R.§ (when the 10. English Tr 11. Information Statemen 12. Preliminar 13. Return Re (Should bo 14. *Small En Statemen (PTO/SB/ 15. Certified O	Box Paten Washington Washington Program or Amino Acid Section Program of Priority Claim of Priority Claim of Priority Claim of Priority Claim of Program of Priority Claim of	t Application on, DC 20231  am (Appendix) quence Submission  e Copy cal to computer copy) identity of above copies ICATION PARTS sheet & document(s)) Power of Atto ) ent (if applicable) Copies of IDS Citations  APEP 503) iized) ement filed in prior applications  cument(s) (f)  f U.S. Provisional Application	mey ation,	
	copy of the oath or declaration is supplied under considered to be part of the disclosure of the accapplication and is hereby incorporated by reference.  17. If a CONTINUING APPLICATION, check approached by reference.  Continuation Divisional Examiner.  Prior application information: Examiner.  18.  Customer Number or Bar Code Label  Name  Address  Address  City	Box 4b, is companying nee therein.  Continuation-i  Continuation-i  Continuation-i  State ephone	FEES, A SMALL ENTITY ST. IF ONE FILED IN A PRIOR A ply the requisite information in-part (CIP)  ONDENCE ADDRES	N ORDER TO BE ENTI ATEMENT IS REQUIRE PPLICATION IS RELIE on below and in a pre- of prior application Group/Art U SS or Correspondant	eliminary amendment: No: <u>/</u>		
	Signature Surliver	Konta.	Date Date		an. 17, 2001		

PTO/SB/17(2/98)
Approved for use through 09/30/2000.
and Trademark Office: U.S. DEPARTMENT OF COMMERCE siplete if Known

FEE IRANSMITTAL		Application Number			Not Tet Assigned		
		Filing Date			Herewith		
Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997.		First Named Inventor			Yuhpyng L. Chen		
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.		Examiner Name			Not Yet Assigned		
See 37 C.F.R. §§ 1.27 and 1.28.		Group/Art Unit			Not Yet Assigned		
Total Amount of Payment (\$)746.00		y Docke	t No.		PC10759A		
METHOD OF PAYMENT (check one)				FEE CA	LCULATION (continued)		
1.   The commissioner is hereby authorized to charge	3. ADDIT						
indicated fees and credit any over payments to:  Deposit		Entity Fee	Small Fee	Entity Fee			
Account 16-1445 Number	Fee Code	(\$)	Code	(\$)	Fee Description Fee Paid		
Deposit Account Name Pfizer Inc	105	130	205	65	Surcharge – late fee or oath		
Charge Any Additional Charge the Issue Fee Set in	127	50	227	25	Surcharge–late provisional filing fee or cover sheet		
Fee Required Under 37 C.F.R. § 1.18 at the Mailing	139	130	139	130	Non-English specification		
37 C.F.R. §§ 1.16 and 1.17. of the Notice of Allowance.	147	2,520	147	2,520	For filing a request for reexamination		
2. Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to		
Check Money Order Other	113	1,840*	113	1,840*	Examiner action Requesting publication of SIR after Examiner action		
FEE CALCULATION	115	110	215	55	Extension for reply within first month		
1. BASIC FILING FEE	116	390	216	195	Extension for reply within second month		
Large Entity Small Entity	117	890	217	445	Extension for reply within third month		
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	118	1,390	218	695	Extension for reply within fourth month		
161 710 201 355 Utility filing fee 710 00	128	1,890	228	945	Extension for reply within fifth month		
106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal		
107 490 207 245 Plant filing fee	120	310	220	155	Filing a brief in support of an appeal		
108 710 208 355 Reissue filing fee	121	270	221	135	Request for oral hearing		
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 710.00	140	110	240	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES	141	1,240	241	620	Petition to revive - unintentional		
Extra Fee from Claims below Fee Paid	142	1,240	242	620	Utility issue fee (or reissue)		
Total Claims 22 -20**= 2 X 18 = 36.00	143	440	243	220	Design issue fee		
Independent	144	600	244	300	Plant issue fee		
Multiple Dependent 0 = 0	122	130	122	130	Petitions to the Commissioner		
** or number previously paid, if greater; For Reissues, see below  Large Entity Small Entity	123	50	123	50	Petitions related to provisional applications		
Fee Fee Fee Fee Description Code (\$) Code (\$)	126	240	126	240	Submission of Information Disclosure Statement		
103 18 203 9 Claims in excess of 20	581	. 40	581	40	Recording each patent assignment per property (times number of properties)		
102 80 40 Independent claims in excess of 3 202	146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))		
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))		
109 80 209 40 **Reissue independent claims over original patent	Other Fe	e (specify	<b>/</b> )				
original patent  110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other Fe	e (specify	/)				
SUBTOTAL (2) (\$) 36.00	*Reduce	d by Basi	c Filing F	ee Paid	SUBTOTAL (3) (\$) 0.00		
SUBMITTED BY					Complete (if Applicable)		
Type or Printed Name Kristina L. Konstas		1 /			Reg. Number 37,864		
Signature Littura L Konsters	Date	Kł	m. 17	2001	Deposit Account 16-1445 User ID		
7*		-//			•		

EXPRESS MAIL NO. \_\_EL1628/529 OUS